



# MEDI-CAL UPDATE

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www.medi-cal.ca.gov

Pharmacy Bulletin 656

May 2007

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## Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs.*

**Addition, effective May 1, 2006 (incorrectly removed previously)**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* PAPAIN AND UREA Ointment		Gm
* Restricted to NDC labeler codes 50484 (Smith & Nephew, Inc.) and 58980 (Stratus Pharmaceuticals) only.		

**Change, effective August 1, 2006**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* ZOLPIDEM TARTRATE + Tablets	5 mg	ea
	10 mg	ea
+ Tablets, extended-release	6.25 mg	ea
	12.5 mg	ea
* Restricted to use in the treatment of insomnia <b>and to NDC labeler code 00024 (Sanofi-Aventis) only.</b>		

**Change, effective April 9, 2007**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ TEMOZOLOMIDE Capsules	5 mg	ea
	20 mg	ea
	100 mg	ea
	<b><u>140 mg</u></b>	<b><u>ea</u></b>
	<b><u>180 mg</u></b>	<b><u>ea</u></b>
	250 mg	ea

+ Frequency of billing requirement

Please see **Contract Drugs**, page 3

## EDS/MEDI-CAL HOTLINES

Border Providers ..... (916) 636-1200  
CDHS Medi-Cal Fraud Hotline ..... 1-800-822-6222  
Telephone Service Center (TSC) ..... 1-800-541-5555  
Provider Telecommunications Network (PTN) ..... 1-800-786-4346

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*For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.*



**OPT OUT** is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), and click the “Learn how...” OPT OUT link on the right side of the home page.

## Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

### MEDI-CAL FRAUD

### IS AGAINST THE LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.

**CDHS MEDI-CAL FRAUD HOTLINE**  
1-800-822-6222

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

**Contract Drugs** (*continued*)**Change, effective May 15, 2007**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* OXICONAZOLE NITRATE		
Cream	1 %      15 Gm	Gm
	30 Gm	Gm
	60 Gm	Gm
<del>* Restricted to claims submitted with dates of service through March 31, 2006.</del>		
Lotion	1 %      30 cc	cc
* <b><u>Restricted to</u></b> NDC labeler code 00462 (PHARMADERM) <b><u>only</u></b> .		

**Changes, effective June 1, 2007**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
CALCIUM ACETATE		
+ Tablets or capsules	667 mg	ea
<del>(NDC Labeler Code 59730 [Nabi] only.)</del>		
PREDNISOLONE SODIUM PHOSPHATE		
Oral solution	20.2 mg/5cc	cc
(NDC labeler code 68135 [Biomarin Pharmaceuticals, Inc.] only.)		
* <b><u>Orally disintegrating tablets</u></b>	<b><u>10 mg</u></b>	<b><u>ea</u></b>
	<b><u>15 mg</u></b>	<b><u>ea</u></b>
	<b><u>30 mg</u></b>	<b><u>ea</u></b>
* <b><u>Restricted to NDC labeler code 68188 (Alliant Pharmaceuticals, Inc.) only for orally disintegrating tablets.</u></b>		
* RISPERIDONE		
Tablets	0.25 mg	ea
	0.5 mg	ea
	1 mg	ea
	2 mg	ea
	3 mg	ea
	4 mg	ea
Solution	1 mg/cc	cc
* Restricted to individuals <u>5</u> years of age and older.		

+ Frequency of billing requirement

*Please see Contract Drugs, page 4*

## Contract Drugs (continued)

## Changes, effective August 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
ALBUTEROL SULFATE		
+ Tablets or capsules	2 mg	ea
	4 mg	ea
+ Long-acting tablets	4 mg	ea
	8 mg	ea
* Inhaler (without chlorofluorocarbons as the propellant)	6.7 Gm	Gm
* Restricted to dates of service from October 1, 1996 to January 31, 2007.		
Solution for inhalation	0.5 % 20 cc	cc
Solution for inhalation, premixed	0.083 %	cc
	* 1.25 mg/3cc	
* <b><u>Restricted to NDC labeler code 49502 (Dey L.P.) only for 1.25 mg/3 cc.</u></b>		
	0.63 mg/3 cc	cc
Liquid	2 mg/5 cc	cc
Capsules for inhalation with inhalation device	Package containing 96 or 100 capsules and one inhalation device	ea capsule
Capsules only, for inhalation		ea
* FLUNISOLIDE		
Nasal spray	0.025 % 25 cc	cc
* <b><u>Restricted to claims for NDC labeler code 59310 (IVAX Labs, Inc.) and with dates of service before August 1, 2007.</u></b>		

+ Frequency of billing requirement

These updates are reflected on manual replacement pages drugs cdl p1a 3 and 20 (Part 2), drugs cdl p1b 12 (Part 2), drugs cdl p1c 12, 15, 26 and 36 (Part 2) and drugs cdl p1d 8 and 24 (Part 2).

### Diabetic Testing Product Additions

Effective June 1, 2007, the California Department of Health Services (CDHS) added products to the list of contracted diabetic supplies for Bayer HealthCare LLC and AgaMatrix, Inc. These items must be billed by Pharmacy providers using an 11-digit Universal Product Number (UPN) to establish rebates and other cost-saving mechanisms.

Items not included in the list of contracted diabetic supplies are not Medi-Cal benefits, and therefore will not be granted prior authorization or a *Treatment Authorization Request* (TAR). California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) authorization must match the exact UPN granted under authorization for payment.

#### Additions to Medical Supplies List

The following products have been added to the *Medical Supplies List* section:

<u>Description</u>	<u>Billing Code</u>	Bill Quantity In Total <u>Number of</u>
WaveSense KeyNote Test Strips (50)	08554132801	Strip
WaveSense KeyNote Test Strips (100)	08554226502	Strip
Ascensia Breeze 2 (5 Discs/50)	00193146550	Strip
Ascensia Breeze 2 (10 Discs/100)	00193146621	Strip

This information is reflected on manual replacement page mc sup lst1 15 (Part 2).

### Diabetic Testing Product Correction

In *Medi-Cal Update* 653, diabetic testing product descriptions were listed incorrectly.

The following product descriptions have been updated in the *Medical Supplies List* section:

<b>Description</b>	<b><u>Billing Code</u></b>	<b>Bill Quantity In Total <u>Number of</u></b>
E-zject Lancets Thin 26G (200)	38396030200	Lancet
E-zject Lancets Colored 21G (200)	38396030600	Lancet

*This information is reflected on manual replacement page mc sup lst1 16 (Part 2).*

### FUL List Updates

The *Drugs: MAIC and FUL List* section has been updated with the *Federal Upper Limit* (FUL) list changes as noted below:

#### Deletion, effective May 9, 2007

<b><u>Drug</u></b>	<b><u>Strength</u></b>	<b><u>FUL</u></b>	<b><u>Billing Unit</u></b>
Oxycodone HCl			
Tablet, Extended Release	10mg	\$ 0.9610	ea
Oral	20mg	1.8374	ea
	40mg	3.2601	ea
	80mg	6.1175	ea

*These changes are reflected on manual replacement page drugs maic ful 30 (Part 2).*

### Medi-Cal Share of Cost and Medicare Part D Reminder

Medicare-eligible recipients with a Medi-Cal Share of Cost (SOC) are not eligible for Medi-Cal benefits until their SOC is met. Under the Medicare Part D prescription drug program, Medicare beneficiaries with a Medi-Cal SOC may have higher prescription drug payment obligations than beneficiaries without an SOC. These payment obligations may include deductibles and copayments.

All medically necessary health services, whether covered by Medi-Cal or not, can be used to meet SOC for Medi-Cal purposes. All prescription drug payments required under Medicare Part D are considered medically necessary health services. For more information, refer to the Part 1 provider manual.

Prescription drug payments required under the Medicare Part D prescription drug program should be applied to the recipient's SOC upon receiving payment or accepting obligation for payment from the recipient. Delays in performing the SOC clearance transaction may prevent the recipient from receiving other medically needed services.

## Follow-Up Care for Attention Deficit Hyperactivity Disorder (ADHD) in Medi-Cal FFS Population



### DRUG USE REVIEW *Educational Information*

Attention Deficit Hyperactivity Disorder (ADHD) is considered one of the most widespread childhood behavioral complaints that physicians address<sup>1</sup>. The symptoms of ADHD can impact multiple areas related to children's performance in their everyday activities at school, home or in the community. There is some concern about over-diagnosis of ADHD and increase in stimulant use for treatment of ADHD. It has been shown that stimulant medication can increase the capacity for the patient to stay on task and follow rules, and can decrease emotional outbreaks. The American Academy of Child and Adolescent Psychiatry (AACAP) has recommendations for the care of children with ADHD<sup>2</sup>. Their recommendations include:

- Providers should institute management programs to treat ADHD as a chronic condition.
- Treatment evaluation should include the patient, family, teachers and other adults in the patient's life.
- Environmental and behavioral techniques should be included with drug therapy.
- Follow-up with the patient to target outcomes and decrease side effects.

Follow-up care for ADHD includes:

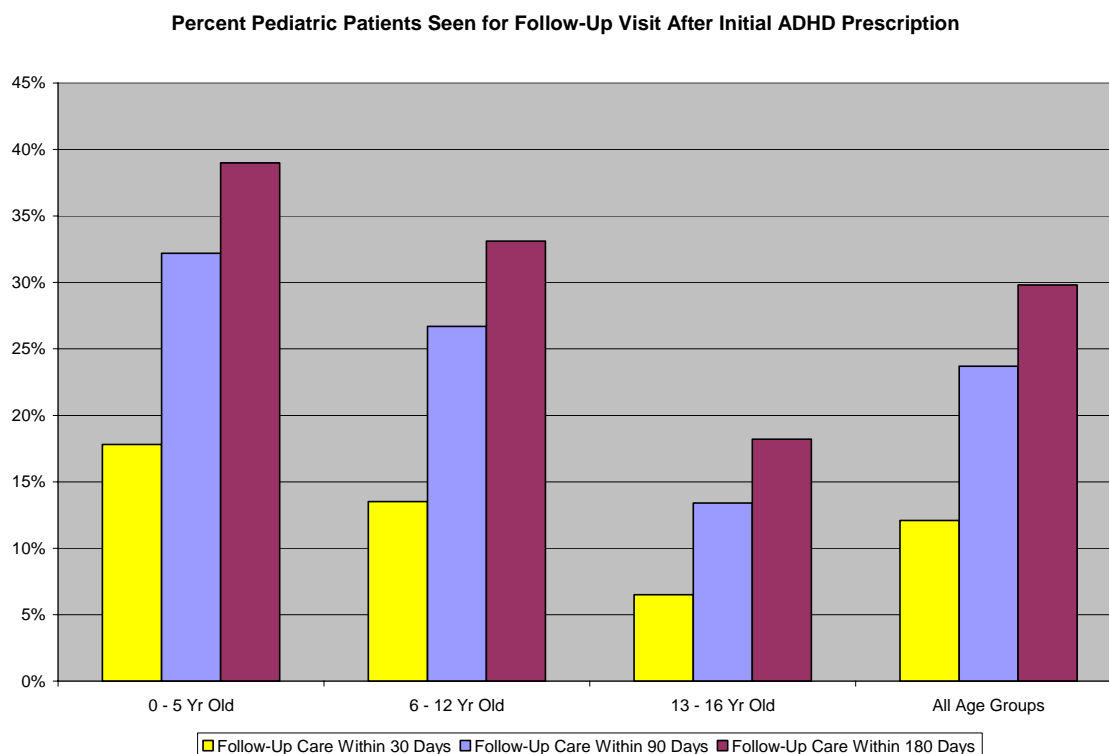
- Should be instituted the month after medications are initiated.<sup>3</sup>
- Follow-up office visits at periodic time intervals after the patient is stabilized on an appropriate dose. This number should be individualized to the patient's clinical needs.<sup>4</sup>

A retrospective study of Medi-Cal Fee-For-Service (FFS) recipients was conducted that measured the extent that recipients had medical follow-up visits after initiating ADHD medication therapy. It is recognized that physician phone follow up cannot be tracked through administrative claims and, therefore, could not be identified in this analysis. Recipients who were continuously eligible throughout the January 2006 to March 2007 period and started ADHD drug therapy between July 2006 through September 2006 were included in the study.

- 1,247 Medi-Cal recipients under age 17 had claims for ADHD drugs during the study period and met the continuous eligibility criteria.
  - Over 39 percent of the recipients between 0 – 5 years old had follow-up care within 180 days after starting drug therapy, though less than 18 percent had follow-up care within 30 days as recommended by the AACAP
  - Overall, follow-up care within 180 days after initiating ADHD drug therapy decreased in older age groups, as 33 percent of recipients between 6 – 12 and only 18 percent of recipients between 13 – 16 had follow-up doctor visits after initiating ADHD drug therapy
  - Median number of days before the first follow-up visit was 37 days for the recipients seen within 180 days of initiating ADHD drug therapy

*Please see **Follow-Up**, page 7*

## Follow-Up (continued)



Overall, pediatric patients are getting follow-up care when diagnosed with ADHD and receiving medication to treat the condition. The percentage of patients receiving follow-up within AACAP recommendations could be improved upon. Medi-Cal recommends:

- Providers follow current AACAP recommendations for treatment and follow-up for patients with an ADHD diagnosis
- Schedule follow-up visits at periodic intervals
- Providers obtain information on the efficacy of the medication from multiple caregivers, including family, teachers and the community
- Pharmacists inquire when patients pick up medications that a follow-up visit has been scheduled and are always available to discuss the advantages and side effects of ADHD medications

## References

1. Rushton JL, Fant KE, Clark SJ. Use of practice guidelines in the primary care of children with attention-deficit/hyperactivity disorder. *Pediatrics* 2004; 114(1):e23-e28.
2. American Academy of Child and Adolescent Psychiatry. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. [www.aacap.org/galleries/PracticeParameters/New\\_ADHD\\_Parameter.pdf](http://www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf). 2007.
3. Harpaz-Rotem I, Rosenheck RA. Prescribing practices of psychiatrists and primary care physicians caring for children with mental illness. *Child Care Health Dev* 2006; 32(2):225-237.
4. American Academy of Child and Adolescent Psychiatry. Practice Parameters for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. [www.aacap.org/galleries/PracticeParameters/New\\_ADHD\\_Parameter.pdf](http://www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf). 2007.

Please refer to pages 36-39 and 36-40 in the Medi-Cal Drug Use Review manual.

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Remove and replace:

- drugs cdl p1a 3/4, 19/20
- drugs cdl p1b 11/12
- drugs cdl p1c 11/12, 15/16, 25/26, 35/36
- drugs cdl p1d 7/8, 23/24
- drugs cdl p5 11/12\*
- drugs maic ful 29/30
- mc sup lst1 15/16

**DRUG USE REVIEW (DUR) MANUAL**

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Insert: 36-39/36-40\*